Form 9-331 Dec. 1973

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

		Budget Bureau No. 42-R1424
[5.	LEASE
ļ		NM 03733
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
	7.	UNIT AGREEMENT NAME
ent		
	8.	FARM OR LEASE NAME
		Breech
	9.	WELL NO.
		382
	10.	FIELD OR WILDCAT NAME Otero Chacra-
		South Blanco Pictured Cliffs
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR
17		AREA
		Section 24 26 North 7 West
	12	COUNTY OR PARISH 13. STATE
	l	Rio Arriba New Mexico
	14	. API NO.
Œ,		<u> </u>
	15	. ELEVATIONS (SHOW DF, KDB, AND WD)
	1	6522' Gr. 💲

SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
eservoir, use rount 3-331-3 for 3350 proposition	Breech
1. oil gas cher	9. WELL NO.
Well - Well - Other	382
2. NAME OF OPERATOR	
Caulkins Oil Company	
3. ADDRESS OF OPERATOR	South Blanco Pictured Cliffs
P.O. Box 780 Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Section 24 26 North 7 West
AT SURFACE: 1190' F/S & 1580' F/W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
16. CHECK APPROPRIATE BUX TO INDICATE NATURE OF MOTIOE,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA	1 fa
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6522 Gr. 4
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT ON ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL	change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta	
including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	ent to this work.)*
It is proposed to pull plugged tubing, clea	n out to TD 3637' and rerun
used tubing.	
The proposed starting date is $5-18-82$.	
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No new surface to be disturbed.	A Company of the Comp
	the state of the s
Color Color Velver Manu and Type	Set @Ft.
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct	
18. I hereby certify that the foregoing is true and correct	Set @Ft. dent5=06-82
18. I hereby certify that the foregoing is true and correct SIGNED Superintend	dent DATE5=06-82
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See Instructions on Reverse Side NMOCC